



**State of Illinois
Premium Finance License Renewal Application**

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001

Instructions: Print or type all information except that which requires a signature.

The **RENEWAL FEE** is \$400.00. Make checks payable to the **Director of Insurance**.

Name of Applicant		Social Security # or License #
Resident Address (number and street)		Room #
City	State	Zip Code
Assumed name(s) under which you do business (DBA)		Telephone # (include Area Code)
Business E-mail Address		

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- Has the company or any officer or director been convicted of a felony? Yes No
If "yes", attach certified copies of the indictment, conviction and sentencing order.
- Have you been refused a license to act as a premium finance company, agent, broker, producer or solicitor, or has a license to act as such ever been denied, suspended, revoked or surrendered for regulatory reasons in any state either as an individual or as a member of a entity? Yes No

❖❖❖ Declaration and Certification ❖❖❖

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

I certify that the premium finance agreement or other forms being used are in compliance with the requirements of Article XXXIIA.

I further certify that I have a minimum net worth of \$50,000.

I further certify that no service charge shall be made for financing premium greater than permitted by Article XXXIIA.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

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